

JUL 15 2004 12:20PM

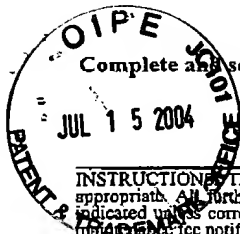
7635146982 MEDTRONIC

NO. 1340 P. 3

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

27581 7590 04/15/2004

MEDTRONIC, INC.  
710 MEDTRONIC PARKWAY NE  
MS-LC340  
MINNEAPOLIS, MN 55432-5604

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Molly Chlebeck	(Depositor's Name)
<i>Molly Chlebeck</i>	(Signature)
July 15, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/127,461	12/04/2000	Marc Hendriks	P-8373	6569

TITLE OF INVENTION: MEDICAL DEVICE AND METHODS OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/15/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
NGUYEN, DAVE TRONG	1632	514-044000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Paul H. McDowall  
2 Girma Wolde-Michael  
3 Thomas F. Woods

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medtronic, Inc.

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Paul H. McDowall (34,873)

(Date) 15 July 04

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/16/2004 AWONDAF2 00000052 132546 09727461

01 FC:1501

1330.00 DA

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



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NO. 1340 P. 1



**Medtronic**

## Facsimile Cover Sheet

P8573.00

**To:** Office of Publications

**Company:** U.S. Patent and Trademark Office

**Phone:**

**Fax:** 703 746 4000

**From:** Paul H. McDowall

**Company:**  **Medtronic**

**Phone:** 763 514 3351

**Fax:** 763 514 6982

**Date:** July 15, 2004

**Pages including this**

**cover page:** 4

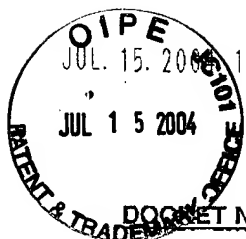
**Comments:** RE: P8573.00  
Serial No. 09/727,461  
Applicants: Marc Hendriks  
Filed: December 4, 2000  
Title: MEDICAL DEVICE AND METHODS OF USE

Attached please find the following documents:

- X Issue Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees

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7635146982 MEDTRONIC

NO. 1340 P. 2

DOC NO: P8573.00

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**FEE TRANSMITTAL**

In re Application of: Marc Hendriks  
For: MEDICAL DEVICE AND METHODS OF USE  
Serial No.: 09/727,461  
Filed: December 4, 2000

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8:** I hereby certify that this **FEE TRANSMITTAL** and the paper(s), as described herein, are being sent via facsimile No. (703) 746-4000 to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 15<sup>th</sup> day of July, 2004.

Signature

MOLLY CHLEBECK  
Printed Name

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- X Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee For Receipt Of PTO Notices Relating To Maintenance Fee
  
- X Please charge Deposit Account 13-2546 \$1,330.00 Issue Fee and \$300.00 publication fee for a Total of \$1,630.00.
  
- X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefore to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

Date

15 July 04  
P. H. McDowall  
Paul H. McDowall  
Reg. No. 34,873  
Telephone: (763) 514-3351  
No. 27581